

Case Number:	CM15-0161738		
Date Assigned:	08/28/2015	Date of Injury:	12/02/2008
Decision Date:	10/19/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona

Certification(s)/Specialty: Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old female, who sustained an industrial injury on 12-2-08. The injured worker has complaints of low back pain, neck pain and some pain and paresthesias in the right and left hands. Cervical spine examination revealed there are paravertebral and myofascial tenderness and slight restriction in range of motion. Lumbar spine examination revealed paravertebral tenderness and restriction in range of motion with pain. The documentation noted that there is pain with range of motion. The diagnoses have included status post left hand carpal tunnel release and left long finger trigger finger release; stenosing tenosynovitis, left index and ring fingers; status post right hand carpal tunnel release and cervical spine myofascial sprain and strain. Treatment to date has included lidoderm patches and magnetic resonance imaging (MRI) of the lumbar spine performed on 8-20-14 showed multilevel degenerative disc disease with neural foraminal stenosis, moderately severe, at L4-5 and moderate throughout, there is facet arthropathy. The documentation noted on 12-9-14 the injured worker rarely takes nexium and only rarely uses tums and whereas she no longer experiences the heartburn that she once experienced and she still experiences occasional burning sensations in her through. The documentation noted the injured worker cannot use Tramadol ES because it must be taken whole and she is unable to take pills unless they are ground up. The request was for laparoscopic fundoplication.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Laparoscopic fundoplication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/15235916 - Laparoscopic Nissen repair: indications, techniques and long-term benefits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines for Surgical Treatment of Gastroesophageal Reflux Disease (GERD)-SAGES-<http://www.sages.org/publications/guidelines/guidelines-for-surgical-treatment-of-gastroesophageal-reflux-disease-gerd/>.

Decision rationale: When the diagnosis of reflux is objectively confirmed, surgical therapy should be considered in individuals who: 1) have failed medical management (inadequate symptom control, severe regurgitation not controlled with acid suppression, or medication side effects). OR 2) opt for surgery despite successful medical management (due to quality of life considerations, lifelong need for medication intake, expense of medications, etc.). OR 3) have complications of GERD (e.g., Barrett's esophagus, peptic stricture). OR 4) have extra-esophageal manifestations (asthma, hoarseness, cough, chest pain, aspiration). The aim of preoperative investigations is to select the appropriate reflux patients for surgical treatment in order to optimize outcomes. There is currently no consensus and significant variability among surgeons regarding which studies should be obtained before surgery and in what order. 1. EGD: Is likely the one study that all patients should have preoperatively, as it can confirm the diagnosis of GERD or identify other etiologies of esophagogastric mucosal abnormalities and allows biopsies to be taken. 2. pH-metry: Important for patients when the diagnosis of GERD cannot be confirmed on EGD or diagnostic uncertainty exists. A normal 24-hour intraesophageal pH study after an H2-blocker and proton pump inhibitor (PPI) free interval should strongly suggest an alternate diagnosis and lead to additional diagnostic investigations. 3. Esophageal manometry: Frequently performed before surgery and advocated by many experts in order to identify conditions that might contraindicate fundoplication (such as achalasia) or modify the type of fundoplication according to a tailored approach based on esophageal motility. Nevertheless, there is no support in the literature for mandatory preoperative manometry, and there are numerous studies refuting the need for a tailored approach to fundoplication. 4. Barium swallow: Frequently obtained test for better delineation of the anatomy. May be particularly valuable in patients with large hiatal hernias who have a shortened esophagus. There is no well documented evidence of the above-either response to medical management, other symptoms, or objective findings suggestive of GERD and it does not appear that any of the above recommended preoperative workup has been completed. Therefore, the prior utilization review is upheld. The laparoscopic fundoplication is not medically necessary and appropriate.